



Canadian Association of Medical Radiation Technologists

CAMRT Degree Initiative

LESSONS LEARNED



CAMRT Board recommended degree as entry-to-practice requirement- 1995

- Membership directed investigating feasibility
- Motion 1995 for implementation in 2005
- Degree Steering Committee & Committee on Degree Implementation
- Hired project manager
 - Professional association can establish prerequisites for certification
 - Does not have independent authority to set etp credential
 - Took away deadline date in 2005
 - Both diploma and degree graduates have access to exam

• **1st lesson learned**



Why we wanted to go there

- Revolutionary changes in technology
 - Digital environment
 - Hybrid equipment for fusion imaging – cross of disciplines
 - Changes in practice
 - Move to more collaborative practice
 - Expectation to work and make decisions more independently
 - Need for a more informed healthcare worker
 - Need for a basic understanding of the healthcare system, financial and human resource management
 - Importance of evidence based decision making
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Why we wanted to go there

- Loss of reciprocity with other countries
 - Increased opportunities for graduates
 - More competitive for managerial positions
 - Preparation for enhanced roles
 - Enhanced education result in better patient care and service to other colleagues and communities
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Program Format & Delivery

- Developed degree educational outcomes and identified curriculum required to achieve outcomes
 - Added as addendum to existing competency profiles with little stakeholder validation
 - **2nd lesson learned**
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Program Format & Delivery

- Articulated models of delivery as opposed to full standing programs
 - Many different formats due to limitations set by university
 - Integration of university courses with college discipline-specific requirements
 - Total integration to 2 plus 2 models
 - Issues re integration of theory with clinical
 - Placement of clinical components

• **3rd lesson learned**



Implementation Challenges

- Not all colleges and universities want to / can articulate or partner
 - Funding challenges
 - Increased programming – resource issue
 - Space issues
 - Subject to control by provincial government and the institution
 - Do not identify it as needed
 - **4th lesson learned**
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Implementation Challenges

- Provincial regulatory bodies may not accept the degree as the required entry-to-practice (ETP) credential
 - ETP requirements are determined by provincial regulators
 - They can choose not to use the national certification exam & set their own exam
 - loss of national standard
 - loss of revenue for association
 - **5th lesson learned**
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Implementation Challenges

- National entry-to-practice process
 - Know the requirements
 - Decide if you want to meet the challenge and go through the process
 - Resource and financial implications
 - Is time commitment realistic
 - How certain is the favorable result

6th lesson learned



Summary

- Know the players you have to influence up front
 - Have a competency profile that is current, reflective of practice and very well validated
 - Be cognizant that the employer still needs a healthcare worker with good clinical skills
 - Know the educational & healthcare environments and their issues
 - Know the regulation that exists in all provinces and the impact on your decision
 - Research the national etp process for change in credential and know what you are up against
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Conclusions

- Continue to advocate for degree credential
 - Entry to practice and post diploma
 - 4-year program allows for added curriculum
 - Reflective learning
 - Writing skills
 - Basic research skills
 - Increased opportunities and advancement to managerial/administrative positions
 - CAMRT – 41 programs of which 15 are degree
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